

# AMENDED APPELLATE BUDGET FORM

AMENDED BUDGET AMOUNT IS A CUMULATIVE TOTAL OF ALL PAST AMOUNTS INCURRED PLUS FUTURE AMOUNTS NECESSARY FOR COMPLETION OF THE MATTER

NOTE: An Amended Budget Worksheet must also be completed prior to Amended Budget approval (1) if the original Budget required a Worksheet, or (2) if directed by an FDIC Attorney.

Matter No:	Matter Caption:
Institution No: <input type="checkbox"/> Bank <input type="checkbox"/> Thrift	Firm Name:
<input type="checkbox"/> 1st Amended Budget <input type="checkbox"/> 2nd Amended Budget <input type="checkbox"/> 3rd Amended Budget	

## PART I: APPELLATE BUDGET INFORMATION

Attorneys' fees: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Fixed Fee (\$ _____) <input type="checkbox"/> TOA Fee (\$ _____) <input type="checkbox"/> Contingent Fee (____% of \$ _____)	ESTIMATED RECOVERY VALUE: \$ _____ ESTIMATED JUDGMENT AMOUNT: \$ _____ ESTIMATED JUDGMENT PROBABILITY: _____%
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ACTION	LAST APPROVED BUDGET		AMENDED BUDGET	
	FEES	EXPENSES	FEES	EXPENSES
Bond				
Notice of Appeal and Docketing				
Appellate Court Briefs & Replies (including Research, Drafting and Argument)				
Motions				
Other (Specify):				
Estimated Hours For Completion _____				
Estimated Completion Date (MM/DD/YY): ____/____/____				
GRAND TOTAL OF APPELLATE BUDGET				

## PART II: LAW FIRM BUDGET ACKNOWLEDGMENT

I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount.

Authorized Law Firm Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print/Type Name and Title of Above: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

## PART III: AMENDED BUDGET APPROVAL

	LAST APPROVED BUDGET	AMENDED BUDGET
GRAND TOTAL OF APPELLATE BUDGET		

FDIC Legal Division Approval

FDIC Attorney (recommending approval of amended budget): \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

*The amended budget has been reviewed and is approved*

Signature of Delegated Authority: \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

